



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 05/30/2020 Ending Date: 06/30/2020

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Janice A Weber
Candidate Full Name (if applicable)
Arlington MA Town Clerk
Office Sought and District
29 Crescent Hill Ave Arlington MA 02474
Residential Address
E-mail: <u>weberforclerk@gmail.com</u>
Phone # (optional): _____

Janice Weber for Town Clerk
Committee Name
Bonnie Hayner
Name of Committee Treasurer
29 Crescent Hill Ave Arlington MA 02474
Committee Mailing Address
E-mail: <u>weberforclerk@gmail.com</u>
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2,776.60</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,776.60</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,609</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>167.60</u>
Line 6: Total in-kind contributions this period (page 6)	<u> </u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used: <u>Watertown Savings Bank</u>	

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Bonnie Hayner (Treasurer's signature) Date: 6/30/2020

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Janice A. Weber (Candidate's signature)

Date: 6-30-2020

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/26/2020	Michael Ruderman	9 Alton St Arlington MA 02474	Online Advertisements to a4 Media & Data Solutions LLC	2,000
6/30/2020	Janice A Weber	29 Crescent Hill Ave Arlington MA 02474	Reimbursement for Loan on 2/13/2020	500
Line 12: Total Expenditures over \$50 (or listed above)				2,500
Line 13: Total Expenditures \$50 and under* (not listed above)				109
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,609

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		6/30/2020
Name of Individual Being Reimbursed:	Janice A Weber	
Committee Name:	Janice Weber for Town Clerk	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/30/2020	Janice A Weber	29 Crescent Hill Ave Arlington MA 02474	Loan Reimbursement from 2/13/20	500

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	500
Line 2: Expenditures \$50 or under (not itemized):	50
Line 3: TOTAL AMOUNT REIMBURSED:	550

Signed under the penalties of perjury:

Janice A. Weber / *Bonnie Harper*
Signature of Candidate / Treasurer

Date: 6/30/2020

Please prepare a separate report for each reimbursement check issued by the committee.